Exhibit 3-13   6509.2 REV-5
CDBG Entitlement Program

<table>
<tr><td colspan="3">Guide for Review of Economic Development Public Benefit
Individual and Aggregate Standards</td></tr>
<tr><td colspan="3">Name of Program Participant:</td></tr>
<tr><td colspan="3">Staff Consulted:</td></tr>
<tr><td colspan="3">Program Year Reviewed:</td></tr>
<tr><td>Name(s) of Reviewer(s)</td><td>Date</td><td></td></tr>
</table>

NOTE: All questions that address requirements contain the citation for the source of the requirement (statute, regulation, NOFA, or grant agreement). If the requirement is not met, HUD must make a finding of noncompliance. All other questions (questions that do not contain the citation for the requirement) do not address requirements, but are included to assist the reviewer in understanding the participant's program more fully and/or to identify issues that, if not properly addressed, could result in deficient performance. Negative conclusions to these questions may result in a "concern" being raised, but not a **"finding.**

<u>**Instructions:**</u> Use this Exhibit to monitor a program participant's compliance with the CDBG public benefit individual and aggregate standards pursuant to the requirements of:

- 24 CFR 570.209(b)(1) and (2) – review standards for covered CDBG and Section 108 loan guarantee (CDBG/108) funded activities in the aggregate;
- 570.209(b)(3) and (4) – review standards for covered CDBG/108 funded individual activities;
- Funds awarded in conjunction with CDBG/108 through an EDI or BEDI grant; and
- 570.209(d) – documentation requirements.

The HUD reviewer should determine that, for the CDBG program year being reviewed (or for HUD-Administered Small Cities in New York or Insular area grants prior to FY 2005), all applicable activities have been included. There are two tables in this Exhibit, one covering job creation or retention and one covering low- and moderate-income service areas. The HUD reviewer must complete, as applicable, a separate Table 1 <u>and</u> Table 2 below for each program year reviewed to determine whether the program participant has complied with the regulatory requirements for the program year under review. Note that the covered economic development activities obligated during the program year include all such activities obligated by the program participant directly or by subrecipients.

IMPORTANT: The aggregate public benefit requirements are based on <u>ALL</u> CDBG/108 obligations made by the program participant and its subrecipients during a single CDBG program year. Accordingly, the reviewer must complete a separate Table 1 and Table 2 for <u>ALL</u> economic development activities for which CDBG and/or Section 108 funds were obligated during a specific program year. DO NOT MIX funded activities from different program years on the same tables; and do not mix job creation and/or retention activities with low- and moderate-income area benefit activities. There is a separate table for each type of activity based on how the program participant qualified the activity for meeting the public benefit criteria. Also note that, when completing column (g), a program participant may exclude certain activities from the aggregate benefit test. The criteria for excluding these activities are found at 24 CFR 570.209(b)(2)(v).

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A. COMPLIANCE WITH PUBLIC BENEFIT STANDARDS

Table 1: Aggregate Test – Public Benefit Standards for Activities that Benefit Low- and Moderate-Income Persons Through Job Creation and/or Retention

Program Year Time Frame (MM/DD/YY to MM/DD/YY): _____ to _____

	Activity Name/No.	Amt. of CDBG/108 Assistance Obligated in Program Year	Date Funds Obligated	Individual Activities (Cost per Job $\leq$ \$50,000)			Aggregate Std.
				Proposed # of FTE Jobs	Cost per Job (e)=(b)/(d)	Std. Met? Yes/ No	* \$ Amt. Excluded by Program Participant From Aggregate Test
	(a)	(b)	(c)	(d)	(e)	(f)	(g)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
	TOTAL						

1. From the TOTAL line under column (b), enter the amount of CDBG/Section 108 assistance provided: 1.\$_____
2. From the TOTAL line under column (g), enter the amount excluded from the aggregate test [see 24 CFR 570.209(b)(2)(v)]:   2.-\$_____
3. Subtract line 2. from line 1. and enter the amount of funds subject to the aggregate test: 3. \$_____
4. From the TOTAL line under column (d), enter the number of the *projected* FTE permanent jobs to be created and/or retained: 4. _____
5. Divide line 3. by line 4.:   5.\$_____
6. Is the aggregate cost per job equal to or less than \$35,000? If "yes," the program participant has met the aggregate public benefit criterion test for jobs for the program year reviewed. If "no" provide any additional explanation as necessary in question No. 3. following Table 2 below.   6. YES/NO

(Use the attached Continuation Sheet, if needed.)

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Table 2:   **Aggregate Test – Public Benefit Standards for Activities that Provide Goods or Services to Low- and Moderate-Income Persons Residing in the Area Served by the Assisted Business**

Program Year Time Frame (mm/dd/yy to mm/dd/yy): _____ to _____

| | Activity Name/No. | Amt. of CDBG/108 Assistance Obligated during Program Year | Date Funds Obligated | Individual Activities (Cost per Low/Mod <$1,000) | | | Aggregate Std. |
				# of Low/Mod Persons in Service Area	Cost per Low/Mod Resident (e)=(b)/(d)	Std. Met? Yes/ No	* $ Amount Excluded by Program Participant from Aggregate Test
	(a)	(b)	(c)	(d)	(e)	(f)	(g)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
	TOTAL						

1. From the TOTAL line under column (b), enter the amount of CDBG/Section 108 assistance provided: 1. $_____
2. From the TOTAL line under column (g), enter the amount of funds excluded by the program participant from the aggregate test [see 24 CFR 570.209(b)(2)(v)]:   2. - $_____
3. Subtract line 2. from line 1. and enter the amount of funds subject to the aggregate test: 3. $_____
4. From the TOTAL line under column (d), enter the number of low/mod income persons residing in the service area: 4. _____
5. Divide line 3. by line 4.:   5. $_____
6. Is the aggregate cost per low/mod resident equal to or less than $350? If "yes," the program participant has met the aggregate public benefit criterion test for service area benefit for the program year reviewed. If "no," provide any additional explanation as necessary in question No. 4. below.   6. _____
                                                                                               YES/NO

(Use the attached Continuation Sheet, if necessary.)

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B. SUMMARY OF RESULTS

1.

Did each activity meet the public benefit individual standard for low- and moderate-income job creation and/or retention [column (f) in Table 1?] [24 CFR 570.209(b)(3) and 24 CFR 570.209(d)]	☐ **Yes**	☐ **No**
Describe Basis for Conclusion:		

2.

Did each activity meet the public benefit individual standard for a low-and moderate-income service area [column (f) in Table 2]? [24 CFR 570.209(b)(3)]	☐ **Yes**	☐ **No**
Describe Basis for Conclusion:		

3.

Did the program participant meet the public benefit aggregate standard (by program year) for low- and moderate-income job creation and/or retention (question 6 in Table 1)? [24 CFR 570.209(b)(2) and 570.209(d)]	☐ **Yes**	☐ **No**
Describe Basis for Conclusion:		

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4.

Did the program participant meet the public benefit aggregate standard (by program year) for low- and moderate-income service area (Question 6 in Table 2)? [24 CFR 570.209(b)(2) and 570.209(d)]	☐	☐	☐
	Yes	**No**	**N/A**
Describe Basis for Conclusion:			

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Public Benefit Continuation Sheet

**Table 1: Public Benefit: Activities Identified by the Program Participant as
Low- and Moderate-Income Job Creation or Retention**

Program Year Time Frame (MM/DD/YY to MM/DD/YY): _____ to _____						
	Activity Name	Amt. of CDBG/108 Assistance Obligated in Program Year	Date Funds Obligated	Individual Activities (Cost per Job ≤ $50,000)			Aggregate Std.
				# of FTE Jobs	Cost per Job (e)=(b)/(d)	Std. Met? Yes/ No	* $ Amt. Excluded by Program Participant From Aggregate Test
	(a)	(b)	(c)	(d)	(e)	(f)	(g)
13.							
14.							
15.							
16.							
17.							
18.							
	TOTAL		■■■		■■■		

**Table 2: Public Benefit: Activities Identified by the Program Participant as
Low- and Moderate-Income Service Area**

Program Year Time Frame (MM/DD/YY TO MM/DD/YY): _____ to _____						
	Activity Name	Amt. of CDBG/108 Assistance Obligated during Program Year	Date Funds Obligated	Individual Activities (Cost per Low/Mod <$1,000)			Aggregate Std.
				# of Low/Mod Persons in Service Area	Cost per Low/Mod Resident (e)=(b)/(d)	Std. Met? Yes/ No	* $ Amount Excluded by Program Participant from Aggregate Test
	(a)	(b)	(c)	(d)	(e)	(f)	(g)
13.							
14.							
15.							
16.							
17.							
18.							
	TOTAL		■■■		■■■		